Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

Form Approved
OMB No. 2137-0522
Expires: 01/31/2014

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 20___ LIQUEFIED NATURAL GAS (LNG) FACILITIES**	INITIAL REPORT ☐ SUPPLEMENTAL REPORT ☐

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Important: Please read the separate instructions for completeing this form before you begin.

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)

/ / / / / /

2. NAME OF COMPANY OR ESTABLISHMENT:

_____

IF SUBSIDIARY, NAME OF PARENT:

_____

3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:

_____
Name

_____
Title

_____
Email Address

/__/__/__/-/__/__/__/-/__/__/__/__/
Telephone Number

4. HEADQUARTERS ADDRESS:

_____
Company Name

_____
Street Address

State: / / / Zip Code: / / / / / / - / / / / /

/__/__/__/-/__/__/__/-/__/__/__/__/
Telephone Number

5. DOES THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION FOR PART B, OR INCLUDE LEAKS OR REPORTABLE INCIDENTS IN PART C OR SAFETY-RELATED CONDITIONS OR EVENTS IN PART D? *(Select all that apply. If there are changes to PART B, or if there are numbers to report in PARTS C or D, complete those sections. Also, if there are changes to PART B from the previous year's report, select the relevant checkbox(es) for the YES questions below.)*

☐ This report is **FOR CALENDAR YEAR 2010** reporting or is a **FIRST-TIME REPORT** and, therefore, *the remaining choices in this Question 5 do not apply*. Complete all remaining PARTS of this form as applicable.

☐ NO, there are **NO CHANGES** from last year's final reported information for PART B. Do NOT complete PART B, but complete PARTS C and/or D when applicable.

☐ YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for PART B ***due to corrected information****; however, the assets and operations are the same* as those which were covered under last year's report. Submit a Supplement for last year's report, and then complete PART B and, when applicable, PARTS C and/or D.

☐ YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for PART B because of the following ***change(s) in assets and/or operations*** from those which were covered under last year's report. Complete PART B and, when applicable, PARTS C and/or D. *(Select all reasons for these changes from the following list)*

- ☐ Merger of companies and/or operations
- ☐ Acquisition of LNG facility
- ☐ Divestiture of LNG facility
- ☐ New construction or new installation of LNG facilities
- ☐ Modifications to existing LNG facilities
- ☐ Change in OPID
- ☐ Other → Describe: _____

☐ NO, there are **NO LEAKS OR REPORTABLE INCIDENTS RESULTING IN A RELEASE** to report in PART C. Do NOT complete PART C, but complete PARTS B and/or D when applicable.

☐ NO, there are **NO SAFETY-RELATED CONDITIONS OR EVENTS** to report in PART D. Do NOT complete PART D, but complete PARTS B and/or C when applicable.

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PART B - FACILITY DESCRIPTION, TYPE, AND FUNCTION

Name, ID, and Status, should be EXACTLY THE SAME as NPMS fields LNG_NM, LNG_ID, and STATUS_CD. Location must match the location submitted to NPMS. The LNG Facility ID (LNG_ID in NPMS) is a unique ID for a specific facility and is assigned by the Operator.

Use the following key to complete the Descriptive table(s) below:

Status Codes
- I In Service
- B Abandoned
- R Retired

LNG Source
- T Truck
- R Railroad
- M Ship/Barge
- L Liquefaction

Type of LNG Plant / Facility
- BL Base Load
- PS Peak Shaving
- SA Satellite
- MT Mobile/Temporary
- OT Other → Describe

Function of LNG Plant / Facility
- MI Marine Terminal - Import
- ME Marine Terminal - Export
- MB Marine Terminal – Both
- SL Storage w/ Liquefaction
- SN Storage w/o Liquefaction
- SB Storage w/ Both
- SU Stranded Utility
- VF Vehicular Fuel
- NR Nitrogen Rejection Unit
- OT Other → Describe

	LNG Plant / Facility #1	**LNG Plant / Facility #2**	***Add Plants / Facilities as needed***
Name of LNG Plant / Facility			
NPMS LNG ID			
Location of Plant / Facility For a fixed LNG Plant/Facility, provide the State (e.g., TX); for a Mobile/Temporary facility, provide the Zip Code where it is typically stored.			
Plant / Facility Status			
Date Put In Service			
Process			
Liquefaction Rate (MMCF/D)			
Number of Vaporizers			
Total Capacity (MMCF/D)			
LNG Source			
Interstate or Intrastate			
LNG Storage			
Number of LNG Tanks			
Total Capacity (Bbls)			
Type of LNG Plant / Facility			
Function of LNG Plant / Facility			
Inspection UNIT ID (DOT INTERNAL USE ONLY)			

For each LNG Facility listed above (that is, for each column completed above), complete PARTs C and D.

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PARTs C and D

The data reported in these PARTs C and D apply to LNG PLANT / FACILITY NUMBER /__/__/ *(from PART B)*

PART C – LEAKS AND REPORTABLE INCIDENTS IN PAST YEAR	Record the number of leaks and reportable incidents resulting in a release detected and repaired, by location and cause. (*NOTE: Careful review of the instructions is required.)*				
Cause	*Incidents and Leaks*				
	Incidents	Leaks			Totals
		Plant Piping and Equipment	Storage Tank	Other Location	
External Corrosion					*Calc*
Internal Corrosion					*Calc*
Natural Force Damage					*Calc*
Excavation Damage					*Calc*
Other Outside Force Damage					*Calc*
In-plant Piping or Weld ONLY (*For these types of failures involving Equipment, see the Instructions*) – Construction-, Installation-, or Fabrication-related					*Calc*
In-plant Piping or Weld ONLY (*For these types of failures involving Equipment, see the Instructions*) – Original Manufacturing-related					*Calc*
In-plant Piping or Weld ONLY (*For these types of failures involving Equipment, see the Instructions*) – Low Temperature Embrittlement					*Calc*
Equipment Failure					*Calc*
Incorrect Operation					*Calc*
Other Causes					*Calc*
Totals	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

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PART D – OTHER CONDITIONS AND EVENTS	Record the number of Safety-Related Conditions and Events.		
TYPE	Number of Safety-Related Conditions Reported	Number of Events	Totals
Rollover			*Calc*
Security Breach			*Calc*
ESD Actuations not reported as Incidents			
- Activated by false signal			*Calc*
- Activated by maintenance or other non- emergency event			*Calc*
Insulation Degradation			*Calc*
Other Types			*Calc*
Totals	*Calc*	*Calc*	*Calc*

PART E - PREPARER SIGNATURE

_____
Preparer's Name(type or print)

/__/__/__/-/__/__/__/-/__/__/__/__/
Telephone Number

_____
Preparer's Title

/__/__/__/-/__/__/__/-/__/__/__/__/
Facsimile Number

_____
Preparer's E-mail Address

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